

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/553185

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1	1			
3		2	1			
4		2	1			
5		2	1			
6		2	1			
7		2	1			
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44		2	1			
45		2	1			
46		2	1			
47		2	1			
48		2	1			
49		2	1			
50		2	1			
TOTAL IND.	1		1		1	
TOTAL DEP.	25	←	21	←	22	←
TOTAL CLAIMS	26		22			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←	←	←
TOTAL CLAIMS						